

COVID-19 Patient Declaration Form

To ensure the Safety & Health of all people interacting with Oona Doherty Beauty Clinic, clients and visitors must complete this declaration form prior to entering or on arrival our salon.

If you indicate to us you have symptoms of COVID-19 OR you have been abroad in the last 14 days with exception to Northern Ireland you will be required to either restrict your movements or self-isolate.

Where this is the case, you are prohibited from entering the salon/spa and advised to seek professional medical help/ assistance in line with HSE Guidelines.

Client Name:	Telephone Number:
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Client Address:

Question	YES	NO
Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes accumulative in 1 day)?		
Have you been advised by a doctor to self-isolate at this time?		
Have you been advised by a doctor to cocoon at this time?		
Do you consider yourself to be in the category of people at higher risk from coronavirus? If you are unsure whether or not you are in an at-risk category, please visit https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html		

If your situation changes after you complete and submit this form you agree to inform your therapist and / or clinic management.		
Please enter any other information you feel is relevant.		
Client Signature:	Date:	
Therapist Signature:	Date:	

By filling out this form and returning it electronically will act as a signed document